

# York-Seaford Youth Football & Cheerleading League

## *"A Competitive League"*

Dear Parent/Guardian,

Attached, you will find the Football and Cheerleading registration forms for the 2012 season. Once completed, you can mail the forms to:

YSYFCL  
P.O. Box 1  
Seaford, VA, 23696

Full payment of \$85.00 is due in order for your child's name to be placed on the applicable roster. We strongly recommend all returning participants take advantage of the early registration to reserve your slot. After April 1st, all registrations are on a first come, first served basis. Teams are limited to 30 cheerleaders and 30 football players, a waiting list will be used after reaching this limit.

You will be required to purchase \$100.00 in raffle tickets by the end of the first week of practice as part of the league's fundraiser. It is recommended that you sell the raffle tickets to recoup your money.

Any football player that will be playing on a JV or Varsity team during the 2012 season cannot participate with York-Seaford Youth Football & Cheerleading League; per PYFA rules.

It is mandatory for your child to have a physical that is valid through the playing season (1/1/12-12/31/12), to participate with York-Seaford Youth Football & Cheerleading League. If your child's physical will expire during the above dates, an updated physical must be obtained that will cover the remainder of the playing season, which will be submitted to your child's Head Coach or Team Mom. The **VIRGINIA HIGH SCHOOL LEAGUE (VHSL)** physical form is the preferred form to be completed by your physician and returned by the end of the **FIRST** week of practice.

**All** participants are required to provide a copy of their birth certificate accompanied by the original, by the end of the first week of practice. All birth certificates must be verified by the league's President and/or designee. **THE FIRST 30 CHEERLEADERS AND 30 FOOTBALL PLAYERS THAT HAVE PAID IN FULL WILL BE ON THE TEAM.**

Please make checks payable to YSYFCL.

Thank you,

York-Seaford Youth Football & Cheerleading League  
Board of Directors

# York-Seafood Youth Football & Cheerleading League

## "A Competitive League"

### REGISTRATION FORM

The sport your child is registering for: **Football** \_\_\_\_\_ **Cheerleading** \_\_\_\_\_

**Football** Jersey Number – 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

#### PLEASE PRINT

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age as of (7/31/2012) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is your child: \_\_\_ New Participant \_\_\_ Returning Participant \_\_\_ Transferring from another PYFA team if yes, which team \_\_\_\_\_.

**Note: those transferring from another PYFCO league must provide a letter, with the reason for transfer, which must be provided to the PYFCO commissioners for review/approval. The letter must state the team in the PYFCO league you are transferring from.**

For returning players, please list the name, age and date of birth of any siblings who may be interested in participating in the 2012 season

\_\_\_\_\_  
**\*\*Please note, this will not guarantee the siblings place on a roster, it is for league information purposes only. A full registration packet will need to be filled out and submitted during open registration in April. \*\***

**\*Any parent that fails to show up for their concession assignment will be assessed a \$50.00 fee and their child will be benched for the duration of the game, the next scheduled game and/or up until the \$50.00 fee is paid to the league. Please initial here \_\_\_\_\_.**

#### OFFICE USE ONLY

Team: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ Ethics: \_\_\_\_\_ Physical: \_\_\_\_\_ PYFA release \_\_\_\_\_

Amt paid: \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH: \_\_\_\_\_ M.O.: \_\_\_\_\_ Date paid: \_\_\_\_\_

Board Initials: \_\_\_\_\_

York-Seaford Youth Football & Cheerleading League  
"A Competitive League"  
Emergency Medical Treatment Form

**To be kept by your child's Head Coach**

Participant's Printed Name \_\_\_\_\_

Preferred Hospital \_\_\_\_\_  
(not required)

Physician's Name & Phone Number: \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Participant's Allergies (include food, drug, and insect allergies)

\_\_\_\_\_  
\_\_\_\_\_

Medication Taken by Participant (list routine and as needed medication prescription and over the counter)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disease Process, Disorder, Impairment, or Medical Condition of Participant (List any condition that may interfere with your child's ability to participate, i.e. asthma, allergies, nose bleeds, seizures, vision/hearing problems, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The patient and others whose signatures are attached do hereby consent to any and all examinations, medical treatments and diagnostic procedures which may be deemed advisable by his/her physician(s) surgeon(s). We also agree that the patient when admitted is to remain in the hospital until his/her physician recommends the patients discharge.

In witness of our consent and agreement to the matters stated in these preceding sentences, we have subscribed our signatures below.

Parent/Guardian Printed Name \_\_\_\_\_

Phone Numbers (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact/relationship \_\_\_\_\_

Phone Numbers (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

# York-Seaford Youth Football & Cheerleading League

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### PARENTAL CONSENT AGREEMENT AND RELEASE OF LIABILITY

- I understand that the York-Seaford Youth Football & Cheerleading League will not refund in whole or in part, any fees collected from me for the purpose of registration/fundraiser, if the participant chooses not to continue with the league after the end of the second week of practice. Those individuals entitled to a refund will receive such, less the cost of any equipment/gear that has been ordered for said child.
- I understand that the league does not furnish the following items and that it is the parent's responsibility to do so in-order for the cheerleaders to participate: cheer shoes, tights, socks, turtleneck, bloomers, pom poms and hair accessories, all of the aforementioned items are chosen by and at the discretion of the leagues cheerleading coordinator, is not all inclusive and subject to modification at the discretion of the league.
- I understand that the league does not furnish rubber cleats, gloves, practice jersey, or mouth guards for the football players. Mouth guards, gloves and cleats must conform to National Federation of High School rules.
- Every parent is expected to support our league by working in the concession stand during game day and/or assisting with field set-up/take down, trash pickup, etc. In the event you are unable to fulfill your assigned concession stand duty, or find someone to work in your place, **you agree to pay YSYFCL \$50.00 to have the league hire someone to take your assigned place.** Any parent that fails to show up for their concession assignment will be assessed the \$50.00 fee and their child will be benched for the duration of that game, the next scheduled game and/or up until the \$50.00 fee is paid. Assignments will be made for activities lacking volunteers or needing additional help. **Please initial here \_\_\_\_\_.**
- I/we agree to purchase \$100.00 in raffle tickets by the end of the 1<sup>st</sup> week of practice as part of the leagues fundraising endeavors. Prizes will be determined by the board of directors. The raffle ticket purchase amount can be recouped by you for the face value of the ticket. I.e.: when you pay for the raffle tickets they are yours, if you sell them all, you keep the \$100.00 that you made selling them but the amount of the ticket cannot exceed the value of the ticket. The Board reserves the right to change the fundraiser.
- All parents will be required to provide the original and a copy of the child's birth certificate. All parents are required to provide a current physician completed sports physical prior to the end of the first week of practice. Registration fees cover insurance, fields, end of year banquets and ceremony, PYFCO dues, rental of equipment/uniforms, game jersey for football players, and a winter uniform for the cheerleaders.
- I/we agree to return all equipment and uniforms issued to my/our child in as good of condition as received except normal wear and tear. I/we agree to pay for replacement of the uniform and or equipment if it is not returned in this condition, or is not turned in at all, by the end of the playing season or upon separation from the league.
- I/we, the parent(s)/legal guardian of the above individual do hereby give approval for him/her to participate in any and all football/cheerleading activities and assume all risks and hazards from those activities, and do hereby waive, absolve, indemnify, and agree to hold harmless the York-Seaford Youth Football & Cheerleading League, it's Board of Directors, organizers, sponsors, supervisors, participants, persons transporting the child to and from activities, and the County of York, for any claim arising out of an injury to the child whether the result of negligence or any other cause.

Signatures below acknowledge agreement and acceptance to all of the above information in its entirety.

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Parent/Guardian's Signature & Date

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Child's Name

York-Seaford Youth Football & Cheerleading League  
"A Competitive League"

**Volunteer Information Form**

If, you are interested in volunteering, please fill out the information below. A board member will contact you at a later date to discuss the specifics of volunteering and answer any questions.

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Please check area(s) that you may be interested in volunteering for:**

**Football:** Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Mom \_\_\_\_\_

Circle which team:

MITES (6-7) MIGHTY MITES (8-9) MIDGETS (10-11) JUNIORS (12-14)

USA Football Certification number \_\_\_\_\_ exp. date \_\_\_\_\_ (if applicable)

**Cheerleading:** Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Mom \_\_\_\_\_

Circle which Squad:

MITES (6-7) MIGHTY MITES (8-9) MIDGETS (10-11) JUNIORS (12-14)

NYSCA Certification number \_\_\_\_\_ exp. date \_\_\_\_\_ (if applicable)

**Miscellaneous:** Field setup \_\_\_\_\_ Field take down \_\_\_\_\_ Chain Gang \_\_\_\_\_

Announcing a game \_\_\_\_\_ Other \_\_\_\_\_

If other, please describe:

\_\_\_\_\_

Additional comments and/or suggestions to help make a successful year:

\_\_\_\_\_

\_\_\_\_\_

